

## INCIDENCE OF VENEREAL DISEASES AND THE CAMPAIGN AGAINST THEM IN BULGARIA\*

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In 1931, according to data presented at the first national conference on syphilis organized by the Dermatological Society of Bulgaria, 1 per cent. of the population suffered from syphilis. This estimate included those suffering from endemic syphilis, which was common at that time in certain districts, and about one-third of the patients had primary syphilis.

According to data presented at the second dermatological conference in 1954, the estimated incidence of syphilis between 1940-45 showed a great increase, so that there were 11·7 patients per 10,000 population, half of whom had primary syphilis, not including those with the chronic endemic disease. After 1945, the incidence fell rapidly to three per 10,000 population, those with primary syphilis being 25 times less numerous than before and found only as rarer and isolated cases.

Since 1952, the notification of gonococcal diseases has been compulsory; in the four years up to 1956 less than 6,500 cases of gonorrhoea were notified annually but by 1958 this number had decreased by 60 per cent. Although the figures for syphilis represent the real situation very accurately, those for gonorrhoea are probably below the actual total through incomplete notification, because many patients are examined and treated outside the V.D. clinics and often by non-specialist practitioners.

It is plain that in Bulgaria, as in other parts of the world, the venereal diseases have reached their lowest level so far. Although the situation is so favourable at the moment, we share the views of the I.U.V.D.T. and the other speakers here to-day that the venereal diseases are not "dying" and that we should always be on the watch against them. In 1956 and 1957 we have had epidemics of primary syphilis in two different parts of the country through a temporary relaxation of prophylactic measures.

Apart from factors which are well recognized in every country as assisting in lessening the incidence

of V.D., it will be interesting to recapitulate several points which apply particularly to Bulgaria and which we plan to develop more energetically in the future.

The campaign against V.D. in Bulgaria is a state undertaking under the Ministry of Public Health and Social Care, and is organized by the Central Institute of Dermatological and Venereological Research in Sofia. Under the direction of the Institute are thirteen regional clinics, each responsible for the campaign in its own district.

The Central Institute is the centre of postgraduate study and research for all the doctors who work in the clinics throughout the country. Here the plans for research and treatment are drawn up and carried out and in this way methods are standardized for the whole specialty.

The doctors who are to engage in any scheme for research are given a preparatory course at the Institute at the State's expense.

The notification of cases is compulsory not only for the public clinics but also for private practitioners and the latter may have their licence to practise withdrawn if they do not fulfil this obligation. All data so obtained are analysed and examined periodically, at least once a year, at the Institute at Sofia, so that the available figures are brought up to date to reflect the true position in the country as accurately as possible.

The treatment of all diseases and all patients is absolutely free of charge. Drugs and treatment for V.D. are paid for by the State even for ambulant cases.

The general principles of the campaign are as follows:

- Ready access to specialist medical treatment free of charge;
- Centralized organization and planning of health measures;
- Standardized methods of treatment and prophylaxis;

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Compulsory notification;  
 Compulsory treatment;  
 Legal sanctions against those who knowingly transmit the disease to others.

Although the incidence of V.D. is now so low we have not decreased the number of clinics and specialists. On the contrary these are being increased, and although the cases of V.D. are fewer the specialists are not idle. Their time is taken up by matters arising from their work in the clinics on infectious skin diseases, and also for the past two years with skin conditions which are not infectious but fairly common. Since 1959 they have also begun to register cases of non-gonococcal urethritis.

Since 1953, being partly relieved of the burden of V.D., our specialty has carried out some useful research on the mycoses and industrial skin diseases. It has helped to raise the level of dermato-venereological studies throughout the country while remaining alert for fresh outbreaks of syphilis and gonorrhoea. This system of combined dermatological and venereological clinics, which are so organized as to make the best use of supplies and personnel, has proved both economical and effective.

It will certainly interest the I.U.V.D.T. to learn that in Bulgaria a widespread programme of research is being carried out to discover the remaining centres of endemic syphilis. This scheme, involving the clinical and serological examination of about 700,000 people, is being carried out by specialists in the communities of the families concerned. The serological tests are those evolved by Wassermann and Kahn. Data so far collected indicate that, in some districts, about 3 per cent. of the population have endemic syphilis. The cost of this research and of the treatment which is found to be needed, amounting to 2 million levas a year, is being borne by the State.

The medical personnel engaged in this work hold double appointments. The whole programme is under the direction of the Central Institute at Sofia, and workers from the regional dispensaries are assisted by specialists seconded from the Institute. The local health committees and social organizations (like the Bulgarian Red Cross) provide administrative assistance.

It is right for this conference to consider questions of sexual behaviour and the effect of migration of the population on the spread of venereal disease. Our views on these subjects are as follows:

Since 1946 there have been no officially registered prostitutes of any kind. This arrangement was brought to an end by the socio-economic reforms which were made in Bulgaria, as being incompatible with morality and public order. We have always held and still

believe that most prostitutes were not women of abnormal psychological types, and that security and economic independence would prevent women from taking up this means of livelihood. The sexual freedom which some young women and young girls indulge in although they are materially well off shows itself in other ways. The woman chooses her consort or consorts freely and is not forced against her will. This helps to preserve both the man and the woman from venereal infection and makes them more careful of their own health. Our epidemiological inquiries have revealed different types of promiscuity, and we have also observed certain trends which limit lust and lead to a lower incidence of venereal disease.

First of all, in recent years, we have noted more marriages between young people. About half of our students finish their advanced studies as married men, and venereal disease among students is very rare. A second important point in encouraging regularity in sexual matters is the fact that both men and women go out to work. A third factor which makes public or clandestine prostitution more difficult is the disapproval of public opinion. The various social organizations do not tolerate this sort of behaviour, and action is taken against it wherever it is discovered. Nor can we ever imagine that anyone in our country would dare to write, print, or publish a pornographic work. Sexual exhibitionism is equally unheard of in the cinema, theatre, or other place of amusement.

Assuming that personal sexual behaviour is an important aspect of social behaviour as a whole, and is due mainly to the environment in which the individual lives and works, we feel that our anti-venereal measures and propaganda should match the spontaneous sanctions of public opinion against sexual licence which have been described above.

It is above all necessary for the medical authorities to initiate and carry out the measures which the largest and most reasonable section of the people feels to be valuable in the campaign against V.D.

With regard to the influence of migration our experience in Bulgaria yields the following data. Until the beginning of the 20th century venereal disease was chiefly spread by men who left their families and went to work in the big towns or in other countries. About 180 years ago large groups of foreign immigrants settled in certain districts bringing with them a type of endemic syphilis which still exists in these centres of infection. During World War II there was a great increase in both syphilis and gonorrhoea along the routes followed by the military forces. The isolated life led by the minorities suffering from endemic syphilis in certain districts who do not mix with the general population, mainly on religious

grounds, has preserved the rest of the country from contamination. Improved means of transport and social and economic changes may lead to a greater dispersal of these isolated groups, so that the localized endemic syphilis threatens to spread. We are trying to anticipate this danger by eradicating these centres of infection.

The industrialization of the country attracted many male workers to new districts, so that fresh centres of infection were formed. The arrangements which have been made for settling these workers in the new towns with their families have limited and checked these new outbreaks.

Tourism and foreign travel which is developing so rapidly has also raised fresh problems in dealing with the venereal diseases. Although the present picture is a favourable one, we are far from relaxing the preventive work of our clinics, especially in the summer holiday areas, along the lines of communication, and in the large towns.

We are sorry that until now our country has not been able to join more completely in the great efforts of the international team of the W.H.O. and I.U.V.D.T. in their campaign against V.D., but we are glad that the admission of our specialists to these two bodies and the inclusion of a representative on the panel of experts gives us the opportunity of collaboration. I affirm, in the name of the Bulgarian Dermatological Society, that these two bodies may count on our humble assistance in their great humanitarian work.

### Summary

The Bulgarian campaign against venereal disease provides free and ready access to specialist medical treatment, which is centrally organized and standardized, and is associated with compulsory notification and treatment and legal sanctions against those who knowingly transmit infection to others.

In spite of a greatly lowered incidence of venereal disease in recent years, the number of clinics and specialists, far from being reduced, has actually been increased. This is made possible by combining the specialties of dermatology and venereology.

Endemic syphilis has existed for generations in certain isolated areas in Bulgaria and improved transport and socio-economic changes in these areas may lead to the dissemination of infection. For this reason an extensive programme of case-finding and treatment, involving the clinical and serological examination of 700,000 people in these endemic areas, has been undertaken.

Official prostitution was abolished in 1946. This, together with early marriage, the economic independence of young women, many of whom go out to work, and a strong public opinion against prostitution and pornography, favours stable sexual relationships, which discourage promiscuity and render a high incidence of venereal disease less likely.

### L'état des maladies vénériennes et la lutte contre elles dans la République Populaire de Bulgarie

#### Résumé

La campagne contre les maladies vénériennes en Bulgarie procure un accès gratuit et immédiat à un traitement médical spécialisé, qui est centralisé et systématisé, et s'associe avec une déclaration et un traitement obligatoires, et sanctions légales contre ceux qui, en toute connaissance, transmettent l'infection à d'autres.

En dépit d'une grande décroissance des maladies vénériennes au cours des dernières années, le nombre des cliniques et des spécialistes, loin d'être réduit, a, en fait, été accru. Ceci a été rendu possible par la combinaison des spécialités de dermatologie et de vénéréologie.

La syphilis endémique a existé pendant des générations dans certaines régions isolées de Bulgarie et le progrès des communications et des changements socio-économiques dans ces régions peut entraîner la dissémination de l'infection. C'est pour cette raison qu'on a entrepris un programme extensif de dépistage et de traitement, qu'inclut l'examen clinique et sérologique de 700.000 personnes dans ces régions endémiques.

La prostitution officielle a été abolie en 1946. Cette mesure, s'ajoutant à des mariages jeunes, à l'indépendance économique des jeunes femmes, dont une forte proportion a un métier, et une forte opinion publique contre la prostitution et la pornographie, favorise des relations sexuelles stables qui entravent la promiscuité et rendent moins probable l'extension des maladies vénériennes.